

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 03, 2001 8:00 am**  
**Secretary of State**

02-03-2001 90070 004 \*\*\*150.00

**DOCUMENT # P95000050954**

1. Entity Name

**R & L SKI BOATS, INC.**

Principal Place of Business

Mailing Address

**872 N FEDERAL HWY  
LANTANA FL 33462**

**872 N FEDERAL HWY  
LANTANA FL 33462**

00010001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**1220 W. INDUSTRIAL AVE**

**1220 W. INDUSTRIAL AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite #2**

**Suite #2**

City & State

City & State

**BOYNTON BEACH, FL**

**BOYNTON BEACH, FL**

Zip

Country

Zip

Country

**33426**

**USA**

**33426**

**USA**

4. FEI Number

**65-0593516**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROY, RONALD R  
872 N FEDERAL HWY  
LANTANA FL 33462**

Name

**ROY, RONALD R**

Street Address (P.O. Box Number is Not Acceptable)

**1220 W. INDUSTRIAL AVE**

**Suite #2**

City

**BOYNTON BEACH**

FL

Zip Code

**33426**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ROY, RONALD R 872 N FEDERAL HWY LANTANA FL 33462</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ROY, RONALD R 1220 W. INDUSTRIAL AVE Suite #2 BOYNTON BEACH FL 33426</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Ronald Roy*

Date

**1-29-01 561-737-9423**

Daytime Phone #

CR2E034 (10/00)